

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF UNDERGROUND STORAGE TANKS, REGION IX

SELF-CERTIFICATION LETTER OF COMPLIANCE WITH
FEDERAL FINANCIAL RESPONSIBILITY AND RELEASE DETECTION
REQUIREMENTS ON UNDERGROUND STORAGE TANK SYSTEMS

Return this letter to:
EPA Region IX, H-2-1
Self-Certification Letter
75 Hawthorne Street
San Francisco, CA 94105

For Federal use only (do not write in this space):

Facility ID No. :

Date Received :

Please type or print all items in
blue or black ink. One certification letter should be completed for the underground storage tank (UST) systems
located at each facility location. All letters must have an original signature.

Part A: General Information

I. UST Owner Information:

(a) LARRY M. MANNING

Owner Name (Tribe, Corporation, Individual, Government, or Other Entity)

(b) P.O. Box 264

Mailing Address

(c) OWYHEE

City

(d) ELKO

County

(e) NV

State

(f) 89832

Zip Code

(g) LARRY M. MANNING

Contact Person

(h) OWNER

Job Title

(i) 757-2863

Phone Number

3384

II. UST Operator Information:

(a) NOT IN OPERATION

Operator Name (Tribe, Corporation, Individual, Government, or Other Entity)

(b)

Mailing Address

(c)

City

(d)

County

(e)

State

(f)

Zip Code

(g)

Job Title

(h)

Phone Number

III. Location of UST(s):

(a) MANNING'S TEXACO

Facility Name

(b) HWY 225

Facility Address

(c) OWYHEE

City

(d) ELKO

County

(e) NV

State

(if available)

(f) 89832

Zip Code

(g)

Latitude

Longitude

Part B: Self-Certification of Release/Leak Detection

Please provide complete information for all UST(s) and piping(s) under which this self-certification letter is applicable. If more than four USTs or piping are being certified, please photocopy additional sets of pages 2, 3, and 4 and provide the information for the additional USTs and piping.

IV. UST Information

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
(a) UST Identification Number				
(b) Date of Installation (mm/dd/yy)	<u>1965</u>	<u>1965</u>	<u>1965</u>	<u>1977</u>
(c) Capacity of UST (gallons)	<u>2,000</u>	<u>2,000</u>	<u>1,000</u>	<u>10,000</u>
(d) Substance Stored	<u>GASOLINE</u>	<u>GASOLINE</u>	<u>GASOLINE</u>	<u>NOTHING - NEVER USED</u>

NOTE: TANKS 1, 2, 3, LAST USED IN 1983 - OUT OF BUSINESS. #4 INSTALLED BUT NOT USED.

V. UST Release/Leak Detection Indicate with an (X), the following applicable method(s) used for each UST being certified.

(a) Manual Tank Gauging (only USTs less than 1,000 gal.)	_____	_____	_____	_____
(b) Tank Tightness Testing Plus Inventory Control	<u>X</u>	<u>X</u>	<u>X</u>	<u>NOT USED</u>
(c) Automatic Tank Gauging	_____	_____	_____	_____
(d) Vapor Monitoring	_____	_____	_____	_____
(e) Groundwater Monitoring	_____	_____	_____	_____
(f) Interstitial Monitoring (Double-Walled)	_____	_____	_____	_____
(g) Interstitial Monitoring (Secondary containment)	_____	_____	_____	_____
(h) Release/Leak Detection Required But Not Installed	_____	_____	_____	_____
(i) Release/Leak Detection Not Yet Required	_____	_____	_____	_____
(j) Plan for Future Tank Release/Leak Detection Installed	_____	_____	_____	_____

VI. UST Spill/Overflow Prevention Indicate with an (X) the following applicable method(s) used for each UST being certified.

Spill Prevention

(a) Catchment Basins	_____	_____	_____	_____
----------------------	-------	-------	-------	-------

Overfill Prevention

(b) Automatic Shutoff Devices	_____	_____	_____	_____
(c) Overfill Alarms	_____	_____	_____	_____
(d) Ball Float Valves	_____	_____	_____	_____

Currently Exempt

(e) Tank Installed Prior to December 1988; Spill/Overflow Prevention Required by December 1998, But Not Yet Installed	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>
(f) Product Transfers are Conducted by Separate Transfers of No More Than 25 Gallon	_____	_____	_____	_____

VII. UST Corrosion Protection Indicate with an (X) the following applicable method(s) used for each UST being certified.

(a)	Coated and Cathodically Protected Steel	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>
(b)	Fiberglass	<u> </u>	<u> </u>	<u> </u>	<u> </u>
(c)	Steel Tank Clad With Fiberglass	<u> </u>	<u> </u>	<u> </u>	<u> </u>
(d)	Cathodic Protection System Added	<u> </u>	<u> </u>	<u> </u>	<u> </u>
(e)	Interior Lining	<u> </u>	<u> </u>	<u> </u>	<u> </u>
(f)	Interior Lining and Cathodic Protection	<u> </u>	<u> </u>	<u> </u>	<u> </u>
(g)	Tank Installed Prior to December 1988; Corrosion Protection Required by December 1988, But Not Yet Installed	<u> </u>	<u> </u>	<u> </u>	<u> </u>

VIII. Piping Information

(a)	Piping Identification Number	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
(b)	Indicate (P) for Pressurized or (S) for Suction	<u>S</u>	<u>S</u>	<u>S</u>	<u>—</u>

IX. Piping Release/Leak Detection Indicate with an (X), the following method(s) used for each set of piping being certified.

(a)	Vapor Monitoring	<u> </u>	<u> </u>	<u> </u>	<u> </u>
(b)	Groundwater Monitoring	<u> </u>	<u> </u>	<u> </u>	<u> </u>
(c)	Interstitial Monitoring (Double-Walled piping)	<u> </u>	<u> </u>	<u> </u>	<u> </u>
(d)	Interstitial Monitoring (Secondary containment)	<u> </u>	<u> </u>	<u> </u>	<u> </u>
(e)	Line Tightness Testing	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Pressurized Piping Only

(f)	Automatic Shutoff Device	<u> </u>	<u> </u>	<u> </u>	<u> </u>
(g)	Automatic Flow Restrictor	<u> </u>	<u> </u>	<u> </u>	<u> </u>
(h)	Continuous Leak Alarm System	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Suction Piping Only

(i)	Release/Leak Detection Required But Not Installed	<u>X</u>	<u>X</u>	<u>X</u>	<u>—</u>
(j)	Release/Leak Detection Not Yet Required	<u> </u>	<u> </u>	<u> </u>	<u> </u>
(k)	Plan for Future Release/ Leak Detection Installed	<u> </u>	<u> </u>	<u> </u>	<u> </u>

X. Piping Corrosion Protection Indicate with an X the following applicable method(s) used for each UST being certified.

(a)	Coated and Cathodically Protected Steel	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>
(b)	Fiberglass	<u> </u>	<u> </u>	<u> </u>	<u> </u>
(c)	Cathodically Protected Steel	<u> </u>	<u> </u>	<u> </u>	<u> </u>

XI. UST System Removal Information Identify those UST(s) and/or piping(s) that have been removed.

- | | | | | | |
|-----|--|-------|-------|-------|-------|
| (a) | Identification Number | _____ | _____ | _____ | _____ |
| (b) | Indicate (T) for Tank,
(P) for Piping, or
(B) for Both | _____ | _____ | _____ | _____ |
| (c) | Date of Removal | _____ | _____ | _____ | _____ |

XII. UST System Closure-In-Place Information Indicate with an (X), the following method(s) used for each set of piping being certified.

- | | | | | | |
|-----|--|-------|-------|-------|-------|
| (a) | Identification Number | _____ | _____ | _____ | _____ |
| (b) | Indicate (T) for Tank,
(P) for Piping, or
(B) for Both | _____ | _____ | _____ | _____ |
| (c) | Date of Closure-In-Place | _____ | _____ | _____ | _____ |

Part C: Self-Certification of Financial Responsibility

XIII. Financial Responsibility

Answer "yes" or "no" to questions (a) through (e).

- | Yes | No | Question |
|-------|----------|---|
| _____ | <u>X</u> | (a) Are your USTs <u>owned</u> by a local government entity or tribal government? |

If you answered "Yes" to question (a), then you are in Group 5 and are required to prove financial responsibility 1 year after the promulgation of the final rule (expected by mid-1993). Proceed to question (f) if you currently have financial responsibility; otherwise proceed to question (h).

If you answered "No" proceed to questions (b) through (e).

- | Yes | No | Question |
|-------|----------|--|
| _____ | <u>X</u> | (b) Do you own 100 or more USTs at a single facility? |
| _____ | <u>X</u> | (c) Do you own 13 to 99 USTs at more than one facility? |
| _____ | <u>X</u> | (d) Do you or your firm have a tangible net worth of \$20 million or more? |

If you answered "No" to all three of the above questions (b) through (d), proceed to question (e).

If you answered "Yes" to any of the above questions (b) through (d), you are in Group 1, 2, or 3 as outlined in the instructions and are currently required to prove financial responsibility. Proceed to Question (f), skip question (e).

- | Yes | No | Question |
|-------|----------|--|
| _____ | <u>X</u> | (e) Do you own 1 to 12 USTs at <u>one or more</u> facilities, or 13 to 99 USTs at <u>a single</u> facility, or are you a non-marketer whose net worth is less than \$20 million? |

If you answered "Yes" to question (e), then you are in Group 4 and are required to prove financial responsibility by December 31, 1993. Proceed to question (f) if you currently have financial responsibility, otherwise proceed to question (h).

- (f) Indicate with an (x) which of the following methods of financial responsibility assurance is being utilized by your company for the USTs at this facility location.

Guarantee from a corporate relative _____

State funding _____

Private insurance _____

Trust fund _____

No financial responsibility currently
available _____

(g) Total dollar amount available for cleanup and liability compensation from one or a combination of the above.

\$ _____

(h) If no financial responsibility assurance method is currently available, describe, in detail, plans for obtaining assurance and expected date when assurance will be available: _____

THIS STATION (TANKS) HAVE NOT BEEN
IN OPERATION FOR ABOUT 10 YEARS.

THERE ARE NO PLANS FOR RE-OPENING.

SHOULD I REMOVE THEM (?), OR WHAT

ARE MY OPTIONS?

Attach additional sheets if necessary.

Certification

I certify that I have personally examined and am familiar with the information submitted in this and all attached documents and diagrams, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete, and hereby certify that the underground storage tanks(s) and associated piping(s) identified above in Parts IV and V are in compliance with the federal requirements for release detection as specified in 40 CFR, Part 280, Subpart D.

LARRY M. MANNING

Name of Owner, Operator,
or Authorized Representative

OWNER

Title

Larry M. Manning

Signature

12/23/92

Date

NOTE: AT ONE TIME MY BROTHER,

LEROY MANNING
P.O. Box 172
OWYHEE, NV 89832

} YOUR ADDRESSEE,

OPERATED THIS, HOWEVER I WAS OWNER/OPER.
BEFORE & AFTER.

DIRECT FURTHER INFO TO ME.

MANNING'S TEXACO
LARRY M. MANNING
P.O. Box 264
OWYHEE, NV 89832

THANK YOU.

Notification for Underground Storage Tanks

FORM APPROVED
OMB NO. 2050-0049
APPROVAL EXPIRES 6-30-88

FOR
TANKS
IN
NV

RETURN
COMPLETED
FORM
TO

Underground Storage Tanks
Division of Environmental Protection
Dept. of Conservation & Natural Resources
Capitol Complex, 201 S. Fall St. (800) 992-0900
Carson City, NV 89710 Ext. 4670

STATE USE ONLY
I.D. Number: 0000212
Date: Dush 1/3/87

GENERAL INFORMATION

Notification is required by Federal law for all underground tanks that have been used to store regulated substances since January 1, 1974; that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act, (RCRA), as amended.

The primary purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or, in the absence of such records, your knowledge, belief, or recollection.

Who Must Notify? Section 9002 of RCRA, as amended, requires that, unless exempted, owners of underground tanks that store regulated substances must notify designated State or local agencies of the existence of their tanks. Owner means—

(a) in the case of an underground storage tank in use on November 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances, and

(v) in the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use.

What Tanks Are Included? Underground storage tank is defined as any one or combination of tanks that (1) is used to contain an accumulation of "regulated substances," and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Some examples are underground tanks storing: 1. gasoline, used oil, or diesel fuel, and 2. industrial solvents, pesticides, herbicides or fumigants.

What Tanks Are Excluded? Tanks removed from the ground are not subject to notification. Other tanks excluded from notification are:

1. farm or residential tanks of 1,100 gallons or less capacity used for storing motor fuel for noncommercial purposes;
2. tanks used for storing heating oil for consumptive use on the premises where stored;
3. septic tanks;

4. pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;

5. surface impoundments, pits, ponds, or lagoons;

6. storm water or waste water collection systems;

7. flow-through process tanks;

8. liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;

9. storage tanks situated in an underground area (such as a basement, cellar, mineworking, drift, shaft, or tunnel) if the storage tank is situated upon or above the surface of the floor.

What Substances Are Covered? The notification requirements apply to underground storage tanks that contain regulated substances. This includes any substance defined as hazardous in section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA. It also includes petroleum, e.g., crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute).

Where To Notify? Completed notification forms should be sent to the address given at the top of this page.

When To Notify? 1. Owners of underground storage tanks in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring underground storage tanks into use after May 8, 1986, must notify within 30 days of bringing the tanks into use.

Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted.

INSTRUCTIONS

Please type or print in ink all items except "signature" in Section V. This form must be completed for each location containing underground storage tanks. If more than 5 tanks are owned at this location, photocopy the reverse side, and staple continuation sheets to this form.

Indicate number of continuation sheets attached

I. OWNERSHIP OF TANK(S)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

LARRY & LEROY MANNING

Street Address: P.O. BOX 172

County: ELKO

City: Owyhee - State: NEV. ZIP Code: 89832

Area Code: (702) Phone Number: 757-3381, 2526

Type of Owner (Mark all that apply ☒)

☒ Current

☐ State or Local Gov't

☒ Private or Corporate

☐ Former

☐ Federal Gov't (GSA facility I.D. no. _____)

☐ Ownership uncertain

II. LOCATION OF TANK(S)

(If same as Section I, mark box here ☐)

Facility Name or Company Site Identifier, as applicable

MANNING S. TEXACO

Street Address or State Road, as applicable

Main ST

County: ELKO

City (nearest): Owyhee, State: NEV. ZIP Code: 89832

Indicate number of tanks at this location

4

Mark box here if tank(s) are located on land within an Indian reservation or on other Indian trust lands ☒

Shoshone Paiute (Duck Valley)

III. CONTACT PERSON AT TANK LOCATION

Name (If same as Section I, mark box here ☒)

Job Title

LEROY G. MANNING

MGR -

Area Code

Phone Number

(702) 757-3381

IV. TYPE OF NOTIFICATION

☐ Mark box here only if this is an amended or subsequent notification for this location.

V. CERTIFICATION (Read and sign after completing Section VI.)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner or owner's authorized representative

Signature

Date Signed

LEROY G. MANNING

[Signature]

1/3/87

CONTINUE ON REVERSE SIDE

VI. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location.)

Tank Identification No. (e.g., ABC-123), or Arbitrarily Assigned Sequential Number (e.g., 1,2,3...)	Tank No. 1	Tank No. 2	Tank No. 3	Tank No. 4	Tank No.
1. Status of Tank (Mark all that apply <input checked="" type="checkbox"/>) Currently in Use <input checked="" type="checkbox"/> Temporarily Out of Use <input type="checkbox"/> Permanently Out of Use <input type="checkbox"/> Brought into Use after 5/8/86 <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Estimated Age (Years)	65	65	65	77	
3. Estimated Total Capacity (Gallons)	2,000	2,000	1,000	10,000	
4. Material of Construction (Mark one <input checked="" type="checkbox"/>) Steel <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass Reinforced Plastic <input type="checkbox"/> Unknown <input type="checkbox"/> Other, Please Specify _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Internal Protection (Mark all that apply <input checked="" type="checkbox"/>) Cathodic Protection <input type="checkbox"/> Interior Lining (e.g., epoxy resins) <input type="checkbox"/> None <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other, Please Specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. External Protection (Mark all that apply <input checked="" type="checkbox"/>) Cathodic Protection <input type="checkbox"/> Painted (e.g., asphaltic) <input checked="" type="checkbox"/> Fiberglass Reinforced Plastic Coated <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Other, Please Specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Piping (Mark all that apply <input checked="" type="checkbox"/>) Bare Steel <input checked="" type="checkbox"/> Galvanized Steel <input checked="" type="checkbox"/> Fiberglass Reinforced Plastic <input type="checkbox"/> Cathodically Protected <input type="checkbox"/> Unknown <input type="checkbox"/> Other, Please Specify _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Substance Currently or Last Stored in Greatest Quantity by Volume (Mark all that apply <input checked="" type="checkbox"/>) a. Empty <input type="checkbox"/> b. Petroleum <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Kerosene <input type="checkbox"/> Gasoline (including alcohol blends) <input checked="" type="checkbox"/> Used Oil <input type="checkbox"/> Other, Please Specify _____ c. Hazardous Substance <input type="checkbox"/> Please Indicate Name of Principal CERCLA Substance OR Chemical Abstract Service (CAS) No. Mark box <input checked="" type="checkbox"/> if tank stores a mixture of substances d. Unknown <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Additional Information (for tanks permanently taken out of service)					
a. Estimated date last used (mo/yr)	1	1	1	3, 72	1
b. Estimated quantity of substance remaining (gal.)				None	
c. Mark box <input checked="" type="checkbox"/> if tank was filled with inert material (e.g., sand, concrete)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notification for Underground Storage Tanks

FORM APPROVED
OMB NO. 2050-0049
APPROVAL EXPIRES 6-30-88

FOR
TANKS
IN
NV

RETURN
COMPLETED
FORM
TO

Underground Storage Tanks
Division of Environmental Protection
Dept. of Conservation & Natural Resources
Capitol Complex, 201 S. Fall St. (800) 992-0900
Carson City, NV 89710 Ext. 4670

I.D. Number 0000212
Date 1/3/87

STATE USE ONLY

GENERAL INFORMATION

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2. tanks used for storing heating oil for consumptive use on the premises where stored;
3. septic tanks;

4. pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;

5. surface impoundments, pits, ponds, or lagoons;

6. storm water or waste water collection systems;

7. flow-through process tanks;

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INSTRUCTIONS

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Indicate number of
continuation sheets
attached

I. OWNERSHIP OF TANK(S)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

LARRY & LEROY MANNING

Street Address

P.O. BOX 172

County

ELKO

City

Owyhee - NEV.

Area Code

(702)

Phone Number

757-3381, 2526

Type of Owner (Mark all that apply ☒)

☒ Current

☐ State or Local Gov't

☒ Private or Corporate

☐ Former

☐ Federal Gov't
(GSA facility I.D. no. _____)

☐ Ownership uncertain

II. LOCATION OF TANK(S)

(If same as Section I, mark box here ☐)

Facility Name or Company Site Identifier, as applicable

MANNING'S TEXACO

Street Address or State Road, as applicable

Main ST

County

ELKO

City (nearest)

Owyhee,

State

NEV.

ZIP Code

89832

Indicate
number of
tanks at this
location

4

Mark box here if tank(s)
are located on land within
an Indian reservation or
on other Indian trust lands

☒

(OWYHEE VALLEY)

III. CONTACT PERSON AT TANK LOCATION

Name (If same as Section I, mark box here ☒)

LEROY G. MANNING

Job Title

MGR -

Area Code

Phone Number

(702) 757-3381

IV. TYPE OF NOTIFICATION

☐ Mark box here only if this is an amended or subsequent notification for this location.

V. CERTIFICATION (Read and sign after completing Section VI.)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner or owner's authorized representative

LEROY G. MANNING

Signature

[Signature]

Date Signed

1/3/87 E-2

CONTINUE ON REVERSE SIDE

VI. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location.)

Tank Identification No. (e.g., ABC-123), or Arbitrarily Assigned Sequential Number (e.g., 1,2,3...)	Tank No. 1	Tank No. 2	Tank No. 3	Tank No. 4	Tank No.
1. Status of Tank (Mark all that apply <input checked="" type="checkbox"/>) Currently in Use <input checked="" type="checkbox"/> Temporarily Out of Use <input type="checkbox"/> Permanently Out of Use <input type="checkbox"/> Brought into Use after 5/8/86 <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Estimated Age (Years)					
3. Estimated Total Capacity (Gallons)					
4. Material of Construction (Mark one <input checked="" type="checkbox"/>) Steel <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass Reinforced Plastic <input type="checkbox"/> Unknown <input type="checkbox"/> Other, Please Specify _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Internal Protection (Mark all that apply <input checked="" type="checkbox"/>) Cathodic Protection <input type="checkbox"/> Interior Lining (e.g., epoxy resins) <input type="checkbox"/> None <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Other, Please Specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. External Protection (Mark all that apply <input checked="" type="checkbox"/>) Cathodic Protection <input type="checkbox"/> Painted (e.g., asphaltic) <input checked="" type="checkbox"/> Fiberglass Reinforced Plastic Coated <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Other, Please Specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Piping (Mark all that apply <input checked="" type="checkbox"/>) Bare Steel <input checked="" type="checkbox"/> Galvanized Steel <input checked="" type="checkbox"/> Fiberglass Reinforced Plastic <input type="checkbox"/> Cathodically Protected <input type="checkbox"/> Unknown <input type="checkbox"/> Other, Please Specify _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Substance Currently or Last Stored in Greatest Quantity by Volume (Mark all that apply <input checked="" type="checkbox"/>) a. Empty <input type="checkbox"/> b. Petroleum <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Kerosene <input type="checkbox"/> Gasoline (including alcohol blends) <input checked="" type="checkbox"/> Used Oil <input type="checkbox"/> Other, Please Specify _____ c. Hazardous Substance <input type="checkbox"/> Please Indicate Name of Principal CERCLA Substance _____ OR Chemical Abstract Service (CAS) No. _____ Mark box <input checked="" type="checkbox"/> if tank stores a mixture of substances <input type="checkbox"/> d. Unknown <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Additional Information (for tanks permanently taken out of service) a. Estimated date last used (mo/yr) _____ b. Estimated quantity of substance remaining (gal.) _____ c. Mark box <input checked="" type="checkbox"/> if tank was filled with inert material (e.g., sand, concrete) <input type="checkbox"/>	/	/	/	3,72 None	/